

Surgery In Active Spinal Tuberculosis

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Introduction: With the endemic rise in drug-resistant tuberculosis in India, the incidence of delayed or non-response to medication has increased. The indications for surgical interventions to treat the sequelae of this otherwise medical disease have also exponentially risen.

Materials & Methods: A retrospective analysis of surgically treated patients by a single spine unit over a decade are analysed. The clinical presentation, decision making and execution of the surgical plan, with an attempt to an algorithmic approach are reviewed.

Results: Most patients needing surgical intervention are slow or non-responders to first line anti-tubercular medication. The presence of disabling neurology, pain, instability and deformity precipitate the need for early intervention. The approach, extent of decompression, approach and plan of instrumented stabilization depends on the anatomic level, extent of disability and preference/ expertise/ experience of the surgical team.

Conclusion: Tuberculosis has come back with a vengeance and is growing by alarming proportions despite improved lifestyle, nutrition and medications. The spine affection remains varied and each patient needs to be looked at differently, with few set algorithms, though guidelines can surely help.